Combination vaccine against 4-5 diseases (quadrivalent/pentavalent) has been permitted for marketing by the Government, These are:

(i) Combined DPwT and Hepatitis B Vaccine,

(ii) Combined DPwT, Hepatitis B and Hib vaccine.

These vaccines are needed to be given in 3 doses at an interval of 4-6 weeks.

Food adulteration

1277, SHRI N.R. GOVINDARAJAR: Will the Minister of HEALTH AND
FAMILY WELFARE be pleased to state:

(a) whether the Prevention of Food Adulteration Act, 1954 has failed to check manufacture and sale of adultered food items in the country;

(b) if so, whether Government have any proposal to bring amendments in the Prevention of Food Adulteration Rules; and

(c) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (c) As per the latest information made available by various Food (Health) Authorities who are responsible for implementation of the PFA Act, 1954 in their respective States/UTs., the average percentage of food adulteration during the years 2000-2003 is 11.3%.

Amendments in the Prevention of Food Adulteration Rules are an ongoing process, which are made from time to time as per requirement in consultation with the Central Committee of Food Standards (CCFS) which is a statutory Committee set up under the provisions of the PFA Act, 1954.

Failure of AIDS awareness drive

1278. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the awareness campaign for prevention of AIDS has not been very successful in controlling the growing number of HIV inflicted cases;

(b) if so, how Government propose to revamp its awareness campaign for effective results;

(c) the known number of AIDS/HIV patients in different parts of the country; and

(d) what are Government's efforts to provide them honourable social life till their end?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANIRAMDOSS): (a) No Sir. As a result of the intensive awareness generation campaign undertaken by NACO at national level and by respective State AIDS Control Societies at State levels, the awareness level amongst the general population and high risk groups has witnessed noticeable increase. In the Knowledge, Attitude & Practice (KAP) baseline 2005 study carried out by British Broadcasting Service (World Service Trust) in seventeen States, the awareness level on HIV/AIDS in the rural areas increased from 72% in 2001 to 82% in 2005 and in urban area, the percentage has been sustained at about 90%. Similarly, the percentage of protection by use of condom increased from 54% in 2001 to 63% in 2005 in the rural areas and the same has been sustained during this period in urban areas at 73%. The attendance in Voluntary Counseling and Testing Centres (VCTC), Centres providing Anti Retroviral Therapy (ART) and Sexually Transmitted Disease (STD) Clinics has also gone up.

(b) Consistent efforts are made to improve the effectiveness of Information Education and Communication strategy adopted under National AIDS Control Programme. It now focuses on behaviour change communication targeting youth and women and promotion of condom uses.

(c) The number of AIDS cases reported in India is given in the statement.

(d) Comprehensive HIV/AIDS care & support is provided through Community Care Centres, for meeting the needs of people living with HIV/AIDS (PLHAs). These needs are identified and met by cross-cutting disciplines ranging from medical care to social support. A range of care & support services that include voluntary counseling and testing, peer counseling, clinical management of symptomatic infection, nursing care to relieve the physical discomfort of illness, hygiene, infection control promotion, palliative & terminal care, training of family members in home based care, preventive education and condom promotion are provided in

the programme. Antiretroviral Therapy (ART) is provided under clinical supervision to the AIDS cases through identified centres both in the public & private sector hospitals for improving & prolonging the life of people living with HIV/AIDS PLHAs.

Statement

The number of AIDS cases reported in India

SI.N.	State/UT	AIDS cases
1	Andhra Pradesh	14499
2	Assam	265
3	Arunachal Pradesh	0
4	A & N Islands	37
5	Bihar	155
6	Chhattisgarh	
7	Chandigarh (UT)	1543
8	Delhi	1976
9	Daman & Diu	1
10	D & N Haveli	0
11	Goa	634
12	Gujarat	6465
13	Haryana	535
14	Himachal Pradesh	296
15	Jharkhand	0
16	Jammu & Kashmir	2
17	Karnatakc	4116
18	Kerala	1769
19	Lakshadweep	0
20	Madhya Pradesh	1571
21	Maharashtra	14165

SI.No.	State/UT	AIDS cases
22	Orissa	641
23	Nagaland	736
24	Manipur	2866
25	Mizoram	106
26	Meghalaya	8
27	Pondicherry	302
28	Punjab	386
29	Rajasthan	1153
30	Sikkim	8
31	Tamilnadu	52036
32	Tripura	5
33	Uttaranchal	60
34	Uttar Pradesh	1751
35	West Bengal	2397
36	A. bad M.C.	726
37	Chennai M.C.	0
38	Mumbai M.C.	8235
		119445

Cancer patients in developing countries

†1279. SHR! JANESHWAR MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that as f ier the report of WHO, more than 70 per cent patients suffering from cancer are from developing countries;

(b) the number of cancer patients die every year in the country;

(c) whether any National Pre gramme has been chalked out for the treatment of cancer patients;

(d) if so, the details thereof; and

† Original notice of the question was received in Hindi.